

# 2004 IA 1040C

## Composite Individual Income Tax Return

Partnerships, Subchapter S Corporations, Trusts and Limited Liability Companies for filing on behalf of Nonresident Partners, Shareholders, Beneficiaries or Members

For Calendar Year 2004

or fiscal year beginning \_\_\_\_/\_\_\_\_, 2004, and ending \_\_\_\_/\_\_\_\_, 20\_\_\_\_

PLEASE NOTE: A copy of Federal Schedule K-1 for ALL Iowa nonresidents must be attached to this return, regardless of whether or not they are reporting income or remitting tax with this form.

MAIL TO:  
COMPOSITE RETURN PROCESSING  
DEPARTMENT OF REVENUE  
PO BOX 10469  
DES MOINES IA 50306-0469

### STEP 1 Complete Company Name

Taxpayer Identification Number

Name  
and  
Address

Current Mailing Address (number, street, apartment number, suite)

Post Office Box

City, State and ZIP Code

Name of Contact Person

Daytime Telephone Number

Check One Only

This return is for:

☐ Partners

☐ Shareholders

☐ Beneficiaries

☐ Members

### STEP 2

Figure Your  
Exemption  
Credits

Enter the number of individuals whose Iowa-source income exceeds the minimum amount required to be included in this return. See instructions. ....  $\Delta$  \_\_\_\_ X \$40 = \_\_\_\_

STEP 3  
Composite  
Income

1. Enter the total Iowa-source income of all individuals whose Iowa-source income exceeds the minimum amount required to be included in this return. .... 1.  $\Delta$  \_\_\_\_ .00

STEP 4  
Figure  
Your  
Deductions

2. Deduction in lieu of Federal tax deduction. See instructions. .... 2.  $\Delta$  \_\_\_\_ .00

3. Standard deduction. See instructions. .... 3.  $\Delta$  \_\_\_\_ .00

4. Total deductions. ADD lines 2 and 3. .... 4. \_\_\_\_ .00

5. Composite taxable income. SUBTRACT line 4 from line 1. .... 5. \_\_\_\_ .00

STEP 5  
Figure  
Your Tax

6. Computed tax. Apply line 5 to rate schedule on back. .... 6.  $\Delta$  \_\_\_\_ .00

7. Minimum tax. See instructions. .... 7.  $\Delta$  \_\_\_\_ .00

8. Total tax. ADD lines 6 and 7. .... 8. \_\_\_\_ .00

STEP 6  
Figure  
Your  
Credits

9. Personal exemption credits - Nonrefundable. See Step 2 above. .... 9.  $\Delta$  \_\_\_\_ .00

10. Other nonrefundable credits. See instructions. .... 10.  $\Delta$  \_\_\_\_ .00

11. Total nonrefundable credits. ADD lines 9 and 10. .... 11. \_\_\_\_ .00

12. Balance. SUBTRACT line 11 from line 8. If less than zero, enter zero. .... 12.  $\Delta$  \_\_\_\_ .00

13. Estimate payments for 2004 and/or prior-year credit carryover ..... 13.  $\Delta$  \_\_\_\_ .00

14. Other credits. See instructions. .... 14.  $\Delta$  \_\_\_\_ .00

15. Total credits. ADD lines 13 and 14. .... 15. \_\_\_\_ .00

STEP 7  
Figure  
Your  
Refund or  
the  
Amount  
You Owe

16. If line 15 is more than line 12, SUBTRACT line 12 from line 15. This is the amount you OVERPAID. .... 16.  $\Delta$  \_\_\_\_ .00

17. Amount of line 16 to be REFUNDED to you ..... 17.  $\Delta$  \_\_\_\_ .00

18. Amount of line 16 to be applied to your 2005 estimate tax ..... 18.  $\Delta$  \_\_\_\_ .00

19. If line 15 is less than line 12, SUBTRACT line 15 from line 12. This is the AMOUNT OF TAX YOU OWE. .... 19.  $\Delta$  \_\_\_\_ .00

20. Penalty. See instructions. .... 20.  $\Delta$  \_\_\_\_ .00

21. Interest. See instructions. .... 21.  $\Delta$  \_\_\_\_ .00

22. TOTAL AMOUNT DUE. ADD lines 19, 20 and 21, and enter here. .... 22.  $\Delta$  \_\_\_\_ .00

Make your check payable to TREASURER, STATE OF IOWA

### SIGN AND DATE YOUR RETURN

FOR A CALENDAR YEAR FILER, THIS RETURN IS DUE BY May 2, 2005

I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return and attachments, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Signature of Officer: \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Preparer's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Preparer's ID No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Preparer's Address: \_\_\_\_\_

# INSTRUCTIONS FOR COMPOSITE IOWA INDIVIDUAL INCOME TAX RETURN

## ELECTION OF COMPOSITE FILING

Composite returns for the 2004 calendar year must be filed by May 2, 2005. An automatic six-month extension for filing is available **only** if 90% of the tax due is paid by the original due date. The department must be notified in writing before a taxpayer chooses not to file composite returns.

## FILING REQUIREMENTS

Nonresident partners, shareholders, members, or beneficiaries shall not be included in a composite return if the nonresident does not have more income from Iowa sources than the amount of one standard deduction for a single taxpayer plus an amount of income necessary to create a tax liability at the effective tax rate on the composite return sufficient to offset one personal exemption. See minimum filing requirements below under line 6.

In addition, the above individuals should not be included if they have incomes from Iowa sources other than from the partnership or other entity; these individuals are required to file Iowa individual income tax returns.

## LINE INSTRUCTIONS

- Each nonresident partner's, shareholder's, or member's Iowa K-1 will show that partner's, shareholder's, or member's income and nonresident modifications that are apportioned to Iowa. The apportioned amount of each item of Iowa K-1 income that is a part of Federal adjusted gross income and the apportioned modifications of all nonresident partners, all nonresident shareholders, and/or all members included in this composite return are to be totaled and entered on this line. Nonresidents with other Iowa source incomes are not to be included on the IA 1040 C.

Beneficiaries of a trust do not have an Iowa K-1, only a Federal K-1. Consequently, when nonresident beneficiaries are included in the filing of a composite return with Iowa, they must total all income and/or capital gains from real property or tangible personal property located in Iowa and any other business income attributable to Iowa and enter on this line.

- A deduction is allowed in lieu of the deduction for Federal tax paid and is based upon the following schedule:

### AMOUNT SHOWN ON LINE 1 DEDUCTION

0 -	\$49,999 =	No deduction
\$50,000 -	\$99,999 =	5% of line 1
\$100,000 -	\$199,999 =	10% of line 1
Over	\$200,000 =	15% of line 1

- For 2004 the standard deduction allowed is the lesser of \$1,580 or the income attributable to Iowa of the partner, shareholder, or member filing via this composite return.
- Use the tax rate schedule in the next column to figure your tax on composite Iowa taxable income. Also listed are the minimum requirements for each tax rate.

Minimum	TAX RATE SCHEDULE					
	But			Of Excess		
	Over	Not Over		Tax Rate		Over
Income	\$ 0	1,242	0	+ 0.36%	x	0
Filing	1,242	2,484	4.47	+ 0.72%	x	1,242
Requirement	2,484	4,968	13.41	+ 2.43%	x	2,484
\$2,469	4,968	11,178	73.77	+ 4.50%	x	4,968
\$2,234	11,178	18,630	353.22	+ 6.12%	x	11,178
\$2,197	18,630	24,840	809.28	+ 6.48%	x	18,630
\$2,168	24,840	37,260	1,211.69	+ 6.80%	x	24,840
\$2,085	37,260	55,890	2,056.25	+ 7.92%	x	37,260
\$2,025	55,890	over	3,531.75	+ 8.98%	x	55,890

- Partners, shareholders, or members reporting income on the composite return may also be subject to Iowa minimum tax. The Iowa alternative minimum tax is imposed on most of the same tax preference and adjustment items treated as exclusions as for Federal alternative minimum tax purposes. Please see form IA 6251 to determine if any Iowa minimum tax is due, and attach completed form if necessary.
- Personal exemption credits for 2004 for each partner, shareholder or member is \$40.
- Enter any of these applicable credits: New Jobs, Minimum Tax Carry Forward, Enterprise Zone, Franchise Tax, and Investment Tax.
- Enter the total amount of 2004 estimated tax payments along with any of the prior year's refund which was applied to your estimated payments for 2004.  
Although estimated payments are not required, 2005 estimated payments may be made on form IA 1040ES using the partnership's, limited liability company's, S corporation's, or trust's identification number.
- Enter any applicable credit for the Research Activities Credit, Motor Fuel Tax Credit, Assistive Device Credit, or Ethanol Blended Gasoline Tax Credit.
- If you do not mail your return by the due date and at least 90% of the correct tax is not paid, you owe an additional 10% of the tax due. If you file your return on time but do not pay at least 90% of the correct tax due, you owe an additional 5% of the tax due.
- Interest is added at a rate of 0.5% per month beginning on the due date of the return and accrues each month until payment is made.

NOTE: Individuals who are eligible for Cow-Calf Refunds from form IA132 must file the IA1040 to claim these refunds.

## PREPARER'S ID NUMBER

Enter preparer's SSN, FEIN, or PTIN.